

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/580035

FILING DATE
05-19-06

APPLICANT(S)
S. BIGNON

04/03/09

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/		/			
3	/		/			
4	3		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
9	0		/			
10	0		/			
11	0		2			
12	0		/			
13	0		/			
14	0		/			
15	0		/			
16	/		/			
17	0		/			
18	0		/			
19	0		/			
20	0		/			
21	0		/			
22	0		/			
23	0		/			
24	0		/			
25	0		/			
26	0		/			
27	0		/			
28	0		/			
29	0		/			
30	0		/			
31	0		/			
32	0		/			
33	0		/			
34	0		/			
35	0		/			
36	0		/			
37	0		/			
38	0		/			
39	0		/			
40	0		/			
41	0		/			
42	0		/			
43	0		/			
44	0		/			
45	0		/			
46	0		/			
47	0		/			
48	0		/			
49	0		/			
50	0		/			
TOTAL IND.	3		2			
TOTAL DEP.	33	←	39	←		
TOTAL CLAIMS	36	[REDACTED]	41	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←			←	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]